

GRANT AWARD FACE SHEET INSTRUCTIONS

1. Grant Recipient

Enter the complete name of the unit of government or community based organization applying for funding (e.g. County of Alameda, City of Fresno or Women's Place of Merced) also referred to as the "recipient".

2. Implementing Agency

Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department).

3. Project Title

Enter the complete title of the project. Do not use acronyms.

4. Grant Period

Enter beginning and ending dates of grant cycle. (mm/dd/yyyy)

5A - 10G. Fund Allocations and Total Project Cost

For each fund source used in the program, select the correct Grant year and acronym from the drop down lists, the amount of state or federal funds requested, the amount of cash *and/or* in-kind match contributed and the resulting totals. If the source does not appear on the list, enter the acronym for the source in box 9. Please do not enter both State and Federal on the same line. Do not use symbols or decimal points. Block 10G should correspond to the total project cost specified in the budget.

11. Certification Paragraph

Please review the Certification Paragraph.

12. Official Authorized to Sign for the Applicant/Grant Recipient

Enter the signature, Federal Employer Identification Number, name, title, address, telephone number, and e-mail address of the official authorized to enter into the Grant Award Agreement for the city/county or Community-Based Organization, as stated in Block 11 of the Grant Award Face Sheet (OES A301). **Provide an original signature of the authorized official in [blue ink](#).**

OES ID# _____

Award # _____

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

GRANT AWARD FACE SHEET (OES A301)

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following:

1. Grant Recipient: _____

hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

2. Implementing Agency: _____

3. Project Title: _____ **4. Grant Period:** _____ to _____

*Select the Grant year and fund source(s) from the lists below or type the appropriate acronym in box 9. Enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s). Block 10G is the Grant Award total amount.

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
	5.							
	6.							
	7.							
	8.							
	9.							
	10. TOTALS							10. Grand Total:

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify I am vested with the authority, and have the approval of the City/County Financial Officer, City Manager, County Administrator, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the *Recipient Handbook*, and the OES audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that the allocation of funds is contingent on the enactment of the State Budget.

12. Official Authorized to Sign for Applicant/Grant Recipient: _____ **Federal Employer ID Number:** _____

Name: _____ Title: _____

Payment Mailing Address: _____ City: _____ Zip: _____

Telephone: _____ (area code) FAX: _____ (area code) Email: _____

Signature _____ Date: _____

[FOR OES USE ONLY]

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

OES Fiscal Officer

Date

OES Director (or designee)

Date